

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

APPLICANT(S) 10/521514

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52						
3		12					53						
4		27					54						
5		12					55						
6		10					56						
7		10					57						
8		10					58						
9		12					59						
10		21					60						
11		12					61						
12	1						62						
13		21					63						
14		10					64						
15		10					65						
16		10					66						
17		10					67						
18							68						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	15	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	17						TOTAL CLAIMS						